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|                           |   |
|---------------------------|---|
| 1. CORRESPONDENCE ADDRESS | CO-INVENTOR'S NAME  |
| LARRY D JOHNSON           | Street Address  |
| 175 N REDWOOD DR          | City, State and Zip Code  |
| SUITE 130                 |   |
| SAN RAFAEL CA 94903       | <input type="checkbox"/> Check if additional changes are enclosed |

| APPLICATION NO.       | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED   |
|-----------------------|-------------|--------------|-----------------------------|---------------|
| 00/727,057            | 10/08/96    | 005          | CHAMBERS, A                 | 3407 03/04/97 |
| First Named Applicant |             |              |                             |               |
| LANGER                |             | PETER        |                             |               |

TITLE OF INVENTION  
SEWER BACKUP INDICATOR APPARATUS


| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE  | DATE DUE   |
|-------------------|----------------|-----------|-------------|--------------|----------|------------|
| 8                 | 137-558.000    | K19       | UTILITY     | YES          | \$645.00 | 06/04/97 C |

3. Correspondence address change (Complete only if there is a change)

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4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Larry D. Johnson  
2 \_\_\_\_\_  
3 \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)  |  | 6a. The following fees are enclosed:<br><input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>10</u>  |  |
| (1) NAME OF ASSIGNEE:<br><u>4</u>   | 6b. The following fees should be charged to:<br>DEPOSIT ACCOUNT NUMBER _____<br>(ENCLOSE A COPY OF THIS FORM)<br><input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____<br><input type="checkbox"/> Any Deficiencies In Enclosed Fees |  |  |
| (2) ADDRESS: (CITY & STATE OR COUNTRY)  |  | The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.  |  |
| A. <input checked="" type="checkbox"/> This application is NOT assigned.<br><input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.<br><input type="checkbox"/> Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.                                |  | <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;">           (Authorized Signature)<br/>  </div> <div style="width: 15%; text-align: right;">           (Date)<br/> <u>6-4-97</u> </div> </div> |  |
| <b>PLEASE NOTE:</b> Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. |  | <b>NOTE:</b> The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the Commissioner of Patents and Trademarks in interest as shown by the records of the Patent and Trademark Office.  |  |

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on: 6-4-97 (Date)  
Larry Johnson (Name of person making deposit)  
[Signature] (Signature)  
6-4-97 (Date)

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